

MDR Tracking Number: M5-04-3517-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 6-14-04.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the left knee MRI, without contrast material, on date of service 9-29-03 was not medically necessary.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 9-29-03 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 16<sup>th</sup> day of September, 2004.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division

DA/da

NOTICE OF INDEPENDENT REVIEW DECISION

September 9, 2004

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
7551 Metro Center Drive, Suite 100, MS 48  
Austin, TX 78744-1609

RE: Injured Worker:  
MDR Tracking #: M5-04-3517-01  
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. TMF's health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In

addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

#### Clinical History

This 19 year-old patient suffered a left knee injury on \_\_\_\_ when he missed a step while climbing up onto a backhoe and hit his knee on the fuel tank. He underwent a magnetic resonance imaging (MRI) study on 09/29/04.

#### Requested Service(s)

Left knee magnetic resonance imaging (MRI) without contrast material performed on 09/29/03.

#### Decision

It is determined that the left knee MRI without contrast material performed on 09/29/03 was not medically necessary for this patient's condition.

#### Rationale/Basis for Decision

This patient received treatment from the company doctor on the date of injury and had x-rays that were reported as negative. He then sought care from another doctor. He was evaluated and had repeat x-rays that were once again reported as negative. An aggressive treatment program was begun at that time, and on 09/29/03 a magnetic resonance imaging (MRI) study of the left knee was performed.

Normally, unless special circumstances are present, a time period of at least 30 days is appropriate prior to undergoing an MRI in order to allow an opportunity for favorable response to treatment. The injury date was \_\_\_\_ and the MRI was done on 09/29/03.

The subjective progress report on this patient on 09/23/03 indicated that he rated his pain as a 1 (no pain) on a scale of 1 to 10. There were no significant objective findings on that date that would clinically justify an MRI of the left knee. There is no documentation to indicate any worsening of this condition from 09/23/03 until the MRI was performed on 09/29/03. Therefore, this left knee MRI was not medically necessary to the treatment for this patient's on the job injury.

Sincerely,